



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• VTD039697347

INSTALLATION ADDRESS

VERMONT CASTINGS INC  
PRINCE ST  
RANDOLPH

VT 05060

RTE 107  
BETHEL

VT 05032



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

VT0039697347

T/A C  
1

820922

820922

## I. NAME OF INSTALLATION

VERMONT CASTINGS INC

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PRINCE STREET

CITY OR TOWN

ST.

ZIP CODE

4 RANDOLPH

VT05060

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 ROUTE 107

CITY OR TOWN

ST.

ZIP CODE

6 BETHEL

VT05032

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 MARX TIMOTHY MANAGER

802-234-5306

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 VERMONT CASTINGS INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1			2			3			4			5			6		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
7			8			9			10			11			12		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54	
23	- 26	23	- 26	23	- 26	23	- 26	23	- 26	23	- 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

D005, D006

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

SIGNATURE <i>Michael A Hatch</i>	NAME & OFFICIAL TITLE (type or print) OPERATIONS MANAGER	DATE SIGNED 9-15-82
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# VERMONT NOTIFICATION OF REGULATED WASTE ACTIVITY FORM

## For Hazardous Waste, Universal Waste, and Used Oil Handlers

65  
6.8.00

1. ☐ First Notification (Provisional ID No, if applicable: VTP- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)
  - ☒ Subsequent Notification (EPA ID No: VT D-039-697-347) (please also complete entire form)
- Reason for change (e.g., name change, change of ownership, waste streams, regulatory status): \_\_\_\_\_
- 
2. Company Name (as will appear on manifests): Vermont Castings, Inc. Majestic Products Co.
  3. Location Address (e.g., 22 Main St — not P.O. Box or rural route No): Rt. 107  
City/Town: Bethel County: Windsor Zip Code: 05032
  4. Mailing Address (if different from 3, above): P.O. Box 501  
City/Town: Bethel State: VT Zip Code: 05032
  5. Company Contact Person: (Last Name) Bryant (First Name) David  
Job Title: Mfg. Services Manager Phone No: (802) 234-2471
  6. Name of Legal Property Owner(s): Vermont Castings, Inc.  
Address: Rt. 107, Bethel  
State: VT Zip Code: 05032 Phone No: (802) 234-2300
  7. Legal land status: ☒ Private (individual(s)/corp(s)) ☐ Federal ☐ State ☐ County ☐ Municipal ☐ Indian ☐ District  
Legal facility-owner status: ☒ Private ☐ Federal ☐ State ☐ County ☐ Municipal ☐ Indian ☐ District
  8. Does your company own other facilities or have affiliates in Vermont? ☒ Yes ☐ No  
If yes, please list name(s) & location(s): Foundry Division, Randolph, VT
  9. Hazardous Waste Activity (does not include either "used oil" or "universal waste" activities):
    - a. Generator Status (consider the total amount of hazardous waste generated per month -- not the amount shipped):
      - ☐ Conditionally Exempt Generator (< 220 pounds/month of hazardous waste and < 2.2 lbs/mo of acutely hazardous waste generated)
      - ☐ Small Quantity Generator (220 to 2,200 lbs/mo of hazardous waste and < 2.2 lbs/mo of acutely hazardous waste generated)
      - ☒ Large Quantity Generator (> 2,200 lbs/mo of hazardous waste or ≥ 2.2 lbs/mo of acute hazardous waste generated)

(NOTES: 220 pounds = 100 kilograms; 220 pounds of waste with a density similar to water fills 1/2 of a 55-gallon drum)
    - b. Transporter: ☐ of own waste only ☐ for commercial purposes  
Mode of transportation: ☐ air ☐ rail ☐ highway ☐ water ☐ other: \_\_\_\_\_
    - c. Other Activities:
      - ☐ hazardous waste transfer facility ☐ on-site recycling ☐ certified treatment, storage or disposal facility
      - ☐ off-site recycling ☐ hazardous waste fuel burner

Please give details here: \_\_\_\_\_

RCRA RECORDS CENTER  
FACILITY: MAJESTIC PROD.  
I.D. NO. VT D039697347  
FILE LOC. \_\_\_\_\_  
OTHER \_\_\_\_\_



## d. Description of Wastes Generated or Handled:

Regulated Waste Description	EPA/State Waste Code(s)*	Amount Generated On-site (in gallons or pounds/month)
Porcelain enamel waste	D006	18,000 lbs
Oil soaked absorbents	<del>***</del> VT02	20 lb
Petroleum naphtha	D039, D008, D018, D040	4 gal
Waste paint/solvent	D001	4 gal

\* see attached sheets for frequently-used waste codes; for additional assistance, call 802-241-3888

## 10. Used Oil Activity (please mark all that apply):

a. ☐ Used Oil Fuel Marketer: ☐ specification used oil ☐ off-specification used oil

☐ Person who first claims that used oil fuel meets specifications

☐ Used oil generator who directs shipment of used oil fuel directly to a used oil fuel burner

☐ Marketer who directs shipment of used oil directly to a used oil fuel burner

☐ Marketer who directs shipment of used oil to other marketers

☒ Marketer who directs shipment of used oil to a re-refinery

b. ☐ Used Oil Collection Facility

c. ☐ Used Oil Transporter

d. ☐ Used Oil Fuel Burner: ☐ specification used oil ☐ off-specification used oil

Type of equipment used: ☐ space heater (rated @ <0.5 million BTU/hr) ☐ utility boiler ☐ industrial boiler (>10

million BTU/hr at manufacturing facility) ☐ industrial furnace (integral component of manufacturing process)

☐ other (please specify) \_\_\_\_\_

Is used oil fuel accepted from an off-site locations to be burned on-site? ☐ Yes ☐ No

If yes, please list the company/ies and address(es) from which used oil is accepted: \_\_\_\_\_

11. Universal Waste Activity: ☐ large quantity handler ☐ destination facility

Type(s) of universal waste handled: \_\_\_\_\_

12. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of authorized representative: David R. Bryant Date: 4/19/00

Name: David R. Bryant Title: Mfg. Services Mgr.

For assistance in completing this form, contact the Hazardous Waste Program at 802-241-3888

Please return completed form to: Waste Management Division; 103 South Main St, West Building; Waterbury VT 05671-0404



## Request for Handler Information Change in RCRIS

67  
12.10.99  
347

Handler ID Number (Required)

VT 039 697 347

Handler Name VT CASTINGS, INC (required)

=====

Information to Be Replaced	Changed or New Information
Name	<del>VT CASTINGS, INC</del> <u>VT CASTING MAJESTIC PRODUCTS CO.</u>
Co. Address	
Mailing	
City, Zip Code	
Contact: Name <u>Don Downing</u>	<u>DALE TROMBLEY</u>
Title	<u>VP, GEN. MGR</u>
Telephone	
*****	
Ownership Changes	
Name <u>VERMONT CASTINGS, INC</u>	<u>CFM MAJESTIC PRODUCTS, INC</u>
Address	<u>475 ADMIRAL BLVD</u> <u>MISSISSAUGA, ONTARIO</u> <u>CANADA L5T 2N1</u>
Telephone	<u>(905) 670-7777</u>

Date of Change

~~10/1/99~~ MAY 1996

\*\*\*\*\*

Current RCRA Status	<u>LG</u>	SG	VG	INAC	NA	TR	B/B
New RCRA Status	<u>LG</u>	SG	VG	INAC	NA	TR	B/B

Current Waste Oil Status	LG*	SG*	VG*	UNKNOWN	NO OIL
New Waste Oil Status	LG*	SG*	VG*	NO OIL	

Submitted by \_\_\_\_\_

Entered by \_\_\_\_\_ Date \_\_\_\_\_

 RCRA RECORDS CENTER  
 FACILITY CASTINGS MAJESTIC PRODUCTS  
 I.D. NO. VT039697347  
 FILE LOC. \_\_\_\_\_  
 OTHER \_\_\_\_\_

 VT Castings Inc  
 Castings majestic products co



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

VT D 0 3 9 6 9 7 3 4 7

## II. Name of Installation (Include company and specific site name)

VT CASTINGS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (continued)

City or Town

State

ZIP Code

BETHEL

County Code County Name

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 501

City or Town

State

ZIP Code

BETHEL

VT 05032 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

DOWNING

DAN

Job Title

Phone Number (area code and number)

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

Yes No



# NOTICE OF EPI ASSESSMENT

VTD 039697347

EPA ID \_\_\_\_\_ Name Vermont Castings Inc GIS Number \_\_\_\_\_

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01029. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model and RCRA Facility Data System for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
_____ RCRA Facility Assessment	_____	_____
_____ Superfund Preliminary Assessment	_____	_____
_____ Site Inspection	_____	_____
_____ Other Site Inspection	_____	_____
_____ Groundwater Assessment Rpts	_____	_____
_____ 3007 "SWMU" Letter Response	_____	_____
_____ Part A Form	_____	_____
_____ Part B Form	_____	_____
✓ _____ Notification Form	<u>9-15-82</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding this facility is being used in the IEM database. For additional information regarding the GIS Model or the Facility Data System and the status of data available regarding this facility, please contact:

Charles Franks  
U.S. EPA Region I  
JFK Federal Building, HER-CAN3  
Boston, MA 02203

File Reviewed By [Signature]

Date 10-8-92



VTD 39097347



# CLEAN HARBORS, INC.

100 Joseph Street • P.O. Box 193 • Kingston, MA 02364 • (617) 585-5111

September 16, 1982

EPA Region I  
Boston, Massachusetts

RE: Application for an EPA identification number

Dear Sirs:

This letter pertains to a conversation I had today with Rich Cavagnero of the Region I office. He advised me to enclose a brief statement along with this application.

Clean Harbors has been contracted to obtain an EPA identification number and a Vermont Generators license for Vermont Castings Inc., our client.

Because an EPA number is a prerequisite to the Vermont Generators license, I would appreciate your office processing this application as soon as possible.

The analysis of the waste, done by Chemical Waste Management, Natick, Massachusetts, revealed hazardous levels of Barium (D005) and Cadmium (D006).

Would you kindly forward all information regarding this application to my attention at Clean Harbors Inc., P.O. 193, Kingston, Mass., 02364. Should you have any questions please give me a call.

Thank you and have a good week.

Regards,

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Mike Hatch: Operations Manager

MH/gf